

## DISTRICT OF COLUMBIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT Portfolio Management Division

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Please provide information on each household in the property as of the last day of the reporting year. The information on this attachment is to correspond with the information collected on the Certification/Recertification of Tenant Eligibility Form or other approved form. On-site inspections may be conducted to confirm the accuracy of the information submitted below. Use the codes listed in the instructions for completing the race and marital status columns.

Unit #	Square	No. of	Unit	Head of HH	Current		LIHTC Qual	ified	No. in HH	Qualifying	Maximum	Tenant	Subsidy	Utility	Gross	Current							Informat	
	Footage	Bedrooms	Type*	Last Name	No. in HH	Month	Day	Year	when	Income	Income	Rent	Rent	Allowance	Rent	Annual	Month	Day	Year	Age	Race	Sex	Marital	Handicap
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Offit #		Bedrooms		Last Name	No. in HH			Year	when	Income	Income	Rent	Rent	Allowance	Rent	Annual	Month							Handicap
	rootage	bearooms	Type	Last Name	NO. III HH	MOULT	Day	real	Qualified	income	Percent	Kent	Kent	Allowance	Kent	Income	MONTH	Day	real	Age	Race	Sex II	Status '	тапикар
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